Name in Full | Certificate of Death

Libbie Flara Baker

Died at Town: Funkstown County: Washington MARYLAND

Date 1899 Month: May Day: 2 | Age Y. 45 M. 3 D. 21 | Native of: Penn. | Occupation: Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife of Joseph A Baker

Father's Name: Jeremiah Sheets | Mother's Name: Elizabeth Wilson

Cause of Death: Primary: Phtheria 22a | How long sick: 9 months

Immediate: Inanition - | Accident, Suicide, Homicide

Reported by: Dr F. O. Newcomer -

Address: Funkstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full John D. Butler.

Certificate of Death

Died at Town Hagerstown. County Washington MARYLAND

Date 1899 Month May Day 11. Age Y. 76 M. D. Native of West Va. Occupation Blacksmith

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3.

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary general debility 155a

Immediate Dropsy.

How long sick 6. weeks

~~Accident, Suicide, Homicide~~

Reported by D W Jones. M. D

Address 146 West Franklin St. Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name In Full

Certificate of Death

Delilah E Carns

Died at Town West Beaverbrook County Washington MARYLAND

Date 1899 Month May Day 20 Age Y. 76 M. 7 D. 17 Native of Maryland Occupation House Keeper

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name George Carns Mother's Name Sophia Carns

Cause of Death Primary Valvular Disease of Heart How long sick 2 Month

Immediate Apoplexy 57 Accident, Suicide, Homicide

Reported by A. G. Lovell M D

Address Benevola Wash Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Name in Full | Certificate of Death

Henry Carter

Died at Town: Hagerstown County: Washington MARYLAND

Date 1899 Month: May Day: 28 Age Y. 43 M. D. Native of: Va Occupation: Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living: None

Husband / Wife of: Ginnie Bivaters

Father's Name: Not known Mother's Name: Jane Carter

Cause of Death: Primary: Grippe 9 How long sick: two months

Immediate: Pulmonary Tuberculosis ~~Accident, Suicide, Homicide~~

Reported by: J. N. Emmert M.D.

Address: Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Magdelene Crosby

Certificate of Death

Died at Town: Smithsburg County: Washington MARYLAND

Date 1899 Month: May Day: 26 | Age Y.: 49 M.: 4 D.: 24 | Native of: Germany Occupation: Housewife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ Number of children living: 6

Husband / Wife of

Father's Name: Wm. Masters Mother's Name: Catharine Masters

Cause of Death — Primary: Heart Disease 5-7 How long sick: 2 years

Immediate: " " Ed Dropsy Accident, Suicide, Homicide

Reported by: Dr. J. H. Wishard

Address: Leitersburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65065

Name in Full

John Dellinger

Certificate of Death

Died at Town in Neck County Was MARYLAND

Date 1899 Month May Day 21 | Age Y. M. D. 64 yrs | Native of Ma | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 1

Husband ~~of~~ ~~Wife~~ Miss Johnson

Father's Name Dellinger

Mother's Name do not know

Cause of Death: Primary Consumption — How long sick 18 mos

Immediate " — ~~Accident, Suicide, Homicide~~

OVER

Reported by John Pope

Address Williamsport

J. F. Kreps Undertaker Wmspt Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Richardson

of Wmept

Seen by Coroner

of

Information contained in this certificate received from

of

Name In Full Mrs. Anna R. Downs

Certificate of Death

Died at Town Williamsport County Line Washington MARYLAND

Date 1899 Month 5 Day 25 Age Y. 71 M. D. Native of Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living 8

~~Husband~~ Wife of Christopher Downs

Father's Name Mother's Name

Cause of Death Primary Stomach trouble How long sick

Immediate 81 Accident, Suicide, Homicide

Reported by Williamsport Transcript

Address 5-27

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Mrs Elizabeth Fecker

Died at Town Cavetown County Wash Co MARYLAND

Date 1899 Month May Day 31 | Age Y. 82 M. 2 D. 18 | Native of Germany | Occupation

~~Male~~ White Married Widow ~~Divorced~~ ✓

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband of Wife Joseph Fecker

Father's Name Not known Mother's Name Not known

Cause of Death

Primary Old Age 141. How long sick 6 months

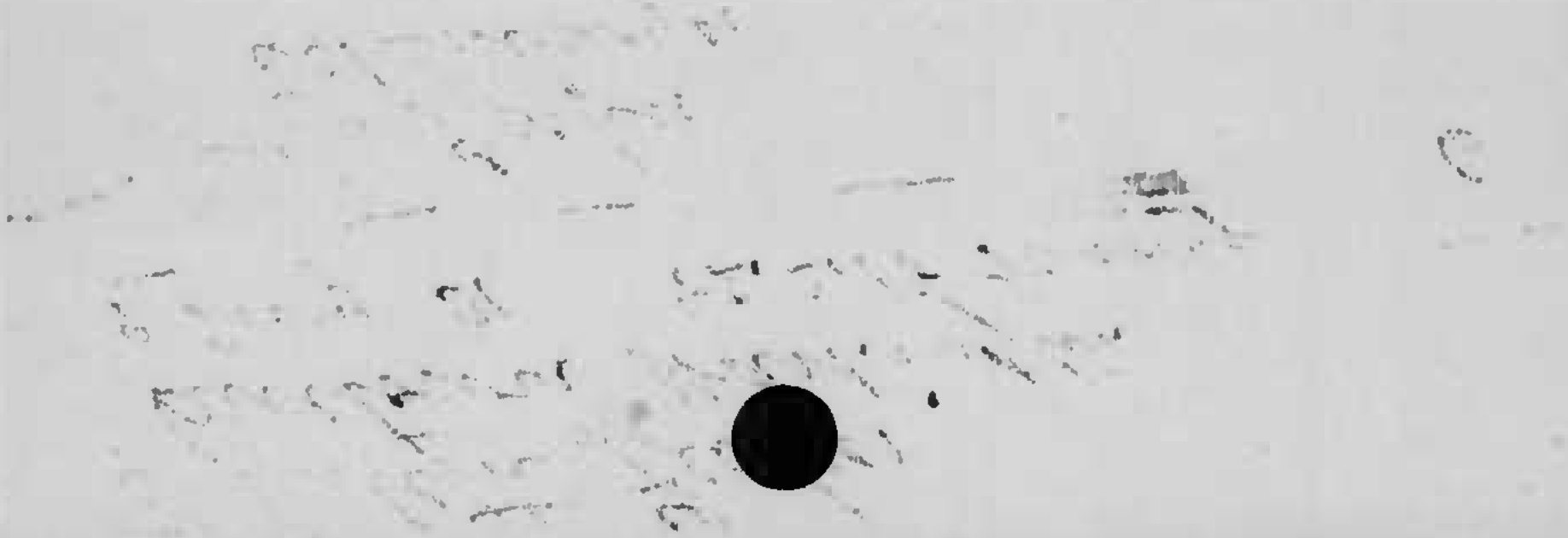
Immediate Short Fraction Accident, Suicide, Homicide

Reported by J. T. Jarbo

Address Smithsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Daniel Forsythe

Died at Clearspring (Town) dist (County) Washington MARYLAND

Date 1899 Month May Day 26 | Age Y. 63 M. 2 D. 23 | Native of Maryland | Occupation Day-Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband / Wife of 1

Father's Name Abraham Forsythe

Mother's Name Have not yet learned

Cause of Death: Primary Cerebral hemorrhage — How long sick 2 mos & 2 wks

Immediate Insanition 42

~~Accident, Suicide~~, Homicide

Reported by C. T. Mason. M.D.

Address Clearspring Wash. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Leander C. Gehr

Died at Town Hancock County Was MARYLAND

Date 1899 Month May Day 4 | Age Y. 23 M. D. | Native of Hancock | Occupation Bartender

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living None

Husband ~~Wife~~ of Emma Mann

Father's Name Denton Gehr

Mother's Name Annie Gehr

Cause of Death

Primary Stomatitis

Immediate 78

How long sick 3 week & 4 days

Accident, Suicide, Homicide

Reported by Martin Jenkins F D

Address Hancock Was Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Attended by Dr. P. E. Steiger

of Hancock Md

Seen by Coroner

of

Information contained in this certificate received from

of

Name in Full

Certificate of Death

Rev. William Goodrich

Died at Town Clearspring County Washington MARYLAND

Date 1899 Month May Day 5- Age Y. 73. M. 4. D. Native of Ohio Occupation Minister

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ Number of children living 7

Husband ~~Wife~~ of Elizabeth C. Staub

Father's Name Geo. Goodrich Mother's Name Abigal Goodrich

Cause of Death: Primary General Debility 124 How long sick 9 weeks

Immediate Gangrene ~~Accident, Suicide, Homicide~~

Reported by Abraham Shank M.D.

Address Clearspring Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 75168

Name in Full Charles Edward Gower

Certificate of Death

Died at Town Downsville County Washington MARYLAND

Date 189 9 Month May Day 5 Age Y. 5 M. 1 D. 6 Native of Wash Co Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name William Gower Mother's Name Emma F. Scott 6

Cause of Death Primary Sclarlet Fever How long sick 17 days

Immediate Meningitis Accident, Suicide, Homicide

Reported by V. M. Reichard M.D.

Address Fairplay Wash. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mrs. Handley

Certificate of Death

Died at Town Smokeloim County Washington MARYLAND

Date 189 9 Month 5 Day 3 Age Y. 69 M. D. Native of Occupation

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living

~~Husband~~ Wife of Levi Handley

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Carroll Record

Address 63

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full | Certificate of Death

Mary Jamison

Died at Town: near Trego | County: Wash. | MARYLAND

Date 1899 | Month: 5 | Day: 17. | Age Y.: 53. | M.: | D.: 15 | Native of: Wash Co | Occupation: housewife

~~Male~~ | White | Married | Widow | ~~Divorced~~

Female | ~~Colored~~ | Single | ~~Widower~~ | Number of children living

~~Husband of~~ Wife: John Jamison

Father's Name: Thomas Ainsworth | Mother's Name:

Cause of Death: Primary: Tumor. 15-9 | How long sick: 2 mo.

Immediate: Blood Poisoning | ~~Accident, Suicide, Homicide~~

Reported by: C. D. Baker

Address: Rohrersville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55868

Name in Full | Certificate of Death

Samuel Johnson

Died at Town: Sampler County: Manor. Wash MARYLAND

Date 1899 Month 5 Day 11 Age Y. 55 M. D. Native of Md Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband ~~Wife~~ of Susan Johnson

Father's Name Richd. Johnson Mother's Name Mary

Cause of Death: Primary / Immediate Pulmonary Apoplexy

How long sick Sudden

~~Accident, Suicide, Homicide~~

Reported by J. T. Youtte Md.

Address Brownsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full

Hattie May Jones

Certificate of Death

Died at Williamsport (Town) Washington (County) MARYLAND

Date 1899 Month May Day 3 | Age Y. 20 M. 1 D. 2 | Native of Wash Co. | Occupation Housekeeper

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / Single | Widow / Widower | ~~Divorced~~ | Number of children living

~~Husband~~ / Wife of

Father's Name Abraham Jones | Mother's Name Elizabeth Knode

Cause of Death — Primary: Tuberculosis | How long sick: 2 years

Immediate: Exhaustion 22a ~~Accident, Suicide, Homicide~~

Reported by V. M. Reichard M. D.

Address Fairplay Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name In Full

Certificate of Death

Jonathan King

Died at Town Hagerstown County, Washington MARYLAND

Date 1899 Month May Day 23 | Age Y. 86 M. D. | Native of ~~Maryland~~ | Occupation Farmer

~~Male~~ ~~Female~~ ~~White~~ ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Husband Wife of

Number of children living

Father's Name

Mother's Name 141

Cause of Death: Primary — Senile degeneration — How long sick

Immediate — Endo-Carditis and exhaustion — Accident, Suicide, Homicide

Reported by Wm P. Miller 4-19

Address 27 W. Franklin St. Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

P.C.F 89

Name in Full Christian Rsoberger

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month May Day 26. Age Y. 72 M. D. Native of Occupation Laborer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Phthisis 22a

Immediate

How long sick one yr

~~Accident, Suicide, Homicide~~

Reported by E A Markham

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Leo B. Leiter

Died at — Town: Hagerstown — County: Washington — MARYLAND

Date 189 9 — Month: 5 — Day: 23 — Age: Y. 37 M. D. — Native of — Occupation

Male / ~~Female~~ — White / ~~Colored~~ — Married ✓ / Single — Widow / Widower — Divorced / Number of children living

Husband

Wife

Father's Name: Jas. Freeland Leiter — Mother's Name: S. 7

Cause of Death — Primary: Heart trouble — How long sick

Immediate — Accident, Suicide, Homicide

Reported by: Williamson Transcript

Address: May 29

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70PTR

Name In Full

Certificate of Death

Ezra K. Lighter

Died at Town: Boonsboro County: Wash. MARYLAND

Date 1899 Month: May Day: 6 | Age Y.: 74 M.: D.: | Native of: Wash Co | Occupation: Carpenter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~ | Number of children living: 4

Husband of ~~Wife~~: Healer Stull

Father's Name: Geo. Lighter | Mother's Name:

Cause of Death — Primary: Cystitis 102 | How long sick:

Immediate: Heart Disease | Accident, Suicide, Homicide

Reported by: Dr S. S. Davis

Address: Boonsboro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79806

Name In Full

Barbara Long

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month 5 Day 28 | Age Y. 76 M. — D. | Native of Md | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living 3

~~Husband~~ Wife of — Long

Father's Name Daniel Miller | Mother's Name Catharine Funk

Cause of Death — Primary: Pulmonary Tuberculosis — How long sick: Several Years

Immediate: Apnoea 22a — ~~Accident, Suicide, Homicide~~

Reported by McVicar

Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7888R

Name in Full

Certificate of Death

Isaac Victor Martin

Died at Town Smithsburg County Washington MARYLAND

Date 189 9 Month May Day 5 | Age Y. 7 M. 13 D. | Native of Md. | Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Abraham Martin

Mother's Name 82

Cause of Death { Primary Teething & bowel trouble | Immediate Spasms } How long sick one week

~~Accident, Suicide, Homicide~~

Reported by Dr. J. H. Wishard

Address Leitersburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65965

Name In Full

Certificate of Death

Mrs. Ellen C. Mobley

Died at Town Hagerstown County Washington MARYLAND

Date 189 9 ~~Month~~ 5 Day 16 | Age Y. 72 M. D. | Native of | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ of Wife Col. E. M. Mobley

Father's Name

Mother's Name

Cause of Death: Primary Paralysis 44 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Williamsport Leader

Address May 19

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Jacob Mummert

Certificate of Death

Died at Town Indian Spring County Washington County MARYLAND

Date 189 Month May Day 10th Age Y. 62 M. D. Native of Maryland Occupation Farmer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single Widower Number of children living 4

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Arterio-sclerosis

Immediate Apoplexy 5-9

How long sick 10 days

~~Accident, Suicide, Homicide~~

Reported by C. T. Mason, M.D.

Address Clearspring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Mary A Null

Town — County

Died at Hagerstown Washington MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
May	14	26	5	13	Pa	housewife

Date 1896

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~ — Number of children living 3

~~Husband~~ Wife of Joseph R Null

Father's Name Christian Hagaman — Mother's Maiden Name

Cause of Death: Primary Tonsilitis 79 — How long sick 3 days

Immediate Acute dilatation of heart — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by J. N. Emmert M D

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM 8

Name in Full Sarah Ellen Palmer

Certificate of Death

Died at Town Tilghmanton County Washington MARYLAND

Date 1899 Month May Day 4 Age 72 Y. M. D. Native of Wash Co Occupation Housewife

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living 5

~~Husband~~ Wife of Joseph Palmer

Father's Name Joseph Jones Mother's Name Elisabeth Kadle

Cause of Death Primary Bronchitis 69 How long sick 6 days

Immediate Cardiac Failure ~~Accident, Suicide, Homicide~~

Reported by V. M. Reichard M. D.

Address Fairplay Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Alice Prosser

Certificate of Death

Died at Town Williamsport County Washington MARYLAND

Date 189 9 Month 5 Day 20 Age Y. 24 M. D.

Native of

Occupation

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~ [redacted] living

Husband of
Wife

Father's Name V. V. Prosser

Mother's Name

Cause of Death: Primary Consumption 2 2a

How long sick

Immediate

Accident, Suicide, Homicide

Reported by Williamsport Transcript

Address [redacted] May 27

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 75995

Name in Full Albert Pulpus

Certificate of Death

Died at Town Penitentiary Williamsport County Washington MARYLAND

Date 189 9 Month 5 Day 28 Age Y. 18 M. D. Native of Occupation

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name Geo. Pulpus Mother's Name

Cause of Death Primary Consumption 22a How long sick

Immediate Accident, Suicide, Homicide

Reported by Williamsport Transcript

Address June 3rd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

J. F. Kreps, Undertaker

Name in Full

Certificate of Death

Reed

Died at Town Millstone County Wash MARYLAND

Date 1899 Month May Day 16 Age Y. 40 M. D. Native of Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of Samuel Reed

Father's Name

Mother's Name 57

Cause of Death: Primary Endocarditis ~~56~~

Immediate Dropsy

How long sick 15 years

~~Accident~~, Sui~~cide~~, Hom~~icide~~

Reported by J A West M.D.

Address Hancock Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Benjamin F. Richard

Died at Town: Hagerstown County: Washington MARYLAND

Date 189 9 Month: 5 Day: 22 Y. M. D. Age 60 Native of Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced

Number of children living 9.

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: Paralysis 44 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Williamson Transcript

Address 5-27

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full John Sanders — Certificate of Death

Died at Town Downsville — County Washington — MARYLAND

Date 189 9 — Month May — Day 5 — Age Y. 72 M. 11 D. — Native of Wash Co — Occupation Farmer

Male — ~~Female~~ — White — ~~Colored~~ — Married — ~~Single~~ — Widow X — ~~Divorced~~ — Widower — Number of children living 3

Husband of ~~Wife~~ Sarah A. Eylar

Father's Name George Sanders — Mother's Name Sarah A. McDeif

Cause of Death — Primary Enteritis 83 — How long sick 4 days

Immediate cardiac failure — ~~Accident, Suicide, Homicide~~

Reported by V. M. Reichard M.D.

Address Fairplay Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Edmund Dewey Stille

Died at Town Hagerstown County Washington MARYLAND

Date 189 9 Month May Day 15 Age Y. 0 M. 10 D. 20 Native of Md. Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living X

Husband of + + + +

Wife

Father's Name John Stille Mother's Name Cora Stille

Cause of Death: Primary Remittent from — How long sick 2 weeks

Immediate Convulsions 15-4 Accident, ~~Suicide, Homicide~~

Reported by H. M. Den- M.D.

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, INC.

Name in Full

Sarah B Small

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month May Day 18 Age Y. 88 M. yrs D. Native of Occupation None

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife Peter B. Small

Father's Name Jos. Lamb Mother's Name Hannah Andrews

Cause of Death Primary Senility 57 How long sick 2 months

Immediate Mitral insufficiency ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by A. P. Stanford, MD

Address Hagerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Emma S. Smith

Died at Town: Boonsboro County: Washington MARYLAND

Date 1899 Month: May Day: 15th Age Y. 40. M. D. 9 Native of: Md Occupation: ——

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Lewis Smith Mother's Name: George Ann Baker

Cause of Death: Primary: Pulmonary Tuberculosis — How long sick: 5 years

Immediate: 22a — ~~Accident, Suicide, Homicide~~

Reported by: W. B. Wheeler Ed Son M.D.

Address: Boonsboro Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Harry L. Summers

Died at Town: Brethedsville County: Wash Co. MARYLAND

Date 1899 Month: May Day: 3 Age Y. 6 M. 2 D. 3 Native of Md Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Isaiah Summers Mother's Name Amanda Baker

Cause of Death: Primary Drowning 148 ~~How long sick~~

Immediate

Accident, ~~Suicide, Homicide~~

Reported by Dr. S. S. Davis

Address Boonsboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Ruth Summers

Certificate of Death

Died at — Town: Lock's-3 — County: Wash. — MARYLAND

Date 1899 — Month: May — Day: 17 — Age: Y. 64 M. D. — Native of: U.S. — Occupation: House wife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living: 3

~~Husband~~ / Wife of Sylvanus Summers.

Father's Name: Nath. Ambrose — Mother's Name: Morrell

Cause of Death — Primary: 42 — How long sick: 12 hours

Immediate: Apoplexy

~~Accident, Suicide, Homicide~~

Reported by: J. A. West

Address: Hancock Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Mildred Hebron Tasker

Died at Town: Hagerstown County: Washington MARYLAND

Date 1899 Month: may Day: 21 | Age Y.: 3 M.: 3 D.: 18 | Native of: Md. | Occupation: Child

~~Male~~ ~~White~~ Married ~~Widow~~ Divorced

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name: Fred. Tasker

Mother's Name: 97

Cause of Death — Primary: Uraemic Convulsions — How long sick: 10 hrs

Immediate: Uraemia Convs

~~Accident, Suicide, Homicide~~

Reported by: M Brannon

Address: Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Robert Turner

Certificate of Death

Died at Town near Williamsport County Washington MARYLAND

Date 189 9 Month 5 Day Age Y. 82 M. D. Native of Occupation

Male ~~White~~ Married ~~Widow~~ Divorced

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 3

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Williamsport Transcript

Address June 3rd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full David Markam — Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 189 7 Month May Day 29 | Age Y. 67 M. 9 D. 14 | Native of Md | Occupation Farmer.

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ Widower Divorced | Number of children living 3

Husband of Wife Anna Markam

Father's Name Elias Markam | Mother's Name Kath Markam

Cause of Death — Primary Diabetes. 28 | How long sick some time

Immediate | ~~Accident, Suicide, Homicide~~

Reported by E A Markam

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Charlotte E Younkins

Certificate of Death

Died at Town Yanousburg County Wash MARYLAND

Date 189 9 Month 5 Day 11 Age Y. 41 M. D. Native of Md Occupation Housewife

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living 9

~~Husband~~ Wife of Oliver M. C. Younkins

Father's Name Christian Kaetzel Mother's Name Catharine

Cause of Death Primary Childbirth How long sick 12 hours

Immediate Placenta Previa ~~Accident, Suicide, Homicide~~

Reported by J. T. Youtee M D

Address Brownsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]